

**Massachusetts Department of Public Health  
Request for Amendment of Confidential Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

After review of my record, I do not feel that the original documentation made on the date(s) \_\_\_\_\_ is accurate, and should be supplemented with clarifying information in the form of an addendum to my record.

**I request the following correction/amendment be made on my record (attach additional documents if necessary):**


- I understand that the original documentation in my record will not be altered, and that any changes will be recorded in an addendum to my record. A copy of the addendum will be provided to me.
- I understand that my request for amendment will be made a permanent part of my record and will be sent with any future authorized record request for information.
- I understand that DPH may decide not to amend my record based on my request, and if so it will provide me with the basis of the denial in writing.
- I understand that if there is a disagreement as to whether a change should be made, my claim will be noted and included as part of my Confidential Information, and will be included in any subsequent disclosure or dissemination of the disputed data.

\_\_\_\_\_  
Your Signature or Signature of Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Indicate relationship of person signing this form to the individual who is the subject of the information:

☐ Person signing is the individual

☐ Person signing is the Personal Representative authorized to make health care

decisions for the individual. Describe the authority. \_\_\_\_\_

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**DPH Use Only**

**DPH Response to Your Request:**

\_\_\_\_\_ In response to your request, a correction/addendum was be made part of your permanent record.

\_\_\_\_\_ Your request was denied; however, your request is made part of your permanent record. Your request was denied because:

☐ The information was not created by the program or bureau to which you submitted the request.

☐ The information is not part of your record as maintained by DPH.

☐ Based on our review the information is accurate and complete.

☐ The information is not available for your inspection pursuant to DPH's policy regarding individual access because: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Filing a Disagreement:**

You have the opportunity to provide a statement of disagreement should DPH deny your request. This statement of disagreement, along with any DPH response, will be included in your record, and will be included in any subsequent disclosure or dissemination of the disputed data. Please file any statement of disagreement with program or bureau to which you submitted the original request for amendment. You will be provided with a copy of any DPH response to your statement of disagreement.

If a you have a complaint about this response you may file a complaint with:

Privacy Office  
Massachusetts Department of Public Health  
250 Washington St.  
Boston, MA 02108  
Phone: 617-624-6083